

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ROBIN BOYD RAWLES**

Mailing Address 1205 N. BAY SHORE DRIVE

City	State	Zip Code
VIRGINIA BEACH	VA	23451-3714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
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Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.149110**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2015

## CONTRIBUTION

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**GRAFTON RAWLINSON**

Mailing Address 105 REYNOSA ROAD

City	State	Zip Code
CARENCRO	LA	70520-5511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.140234**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		28		2015

## CONTRIBUTION

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. KATHLEEN RAWLINGS**

Mailing Address 405 E. WHEEL ROAD

City	State	Zip Code
BEL AIR	MD	21015-6117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer THE ARENA CLUB	Occupation VICE PRESIDENT/OWNER
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Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.160499**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2015

## CONTRIBUTION

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page** (optional).....

1275.00

**Total This Period** (last page this line number only) .....